PTO/SB/06 (07-06)

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U.S. Patent and Tradent Affice; U.S. Debart Affice; U.S. Debart Chica; U.S.

| PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875   |  |   |                                       |   |                  |   | Application or Docket Number<br>10/568,674 |                        |    | ling Date<br>17/2006          | To be Mailed           |
|---|--|---|---------------------------------------|---|------------------|---|--|------------------------|----|-------------------------------|------------------------|
| APPLICATION AS FILED – PART I (Column 1) (Column 2)   |  |   |                                       |   |                  |   | SMALL ENTITY 🛛                             |                        |    |                               | HER THAN               |
| ⊢   | FOR  | N   | NUMBER FILED                          |   | NUMBER EXTRA     |   | RATE (\$)                                  | FEE (\$)               | OR | RATE (\$)                     | FEE (\$)               |
|   | BASIC FEE<br>(37 CFR 1.16(a), (b), (c)                               |   | N/A                                   |   | N/A              |   | N/A  | 1 == (0)               |    | N/A                           | , LL (0)               |
|   | SEARCH FEE   |   | N/A                                   |   | N/A              |   | N/A  |                        | l  | N/A                           |                        |
|   | (37 CFR 1.16(k), (j), o<br>EXAMINATION FE<br>(37 CFR 1.16(o), (p), o | E   | N/A                                   | $\dashv$  | N/A              |   | N/A  |                        |    | N/A                           |                        |
|   | TAL CLAIMS<br>CFR 1.16(i)  | or (q))                                   | minus 20 =                            |   |                  |   | x \$ =                                     |                        | OR | x s =                         |                        |
| IND   | EPENDENT CLAIM<br>CFR 1,16(h))                                       | is  | minus 3 = *                           |   |                  | 1 | x \$ =                                     |                        |    | x \$ =                        |                        |
|   | APPLICATION SIZE<br>(37 CFR 1.16(s))                                 | FEE shee<br>is \$2<br>addit               | ts of pap<br>50 (\$125<br>tional 50 t | gs exceed 100<br>on size fee due<br>for each<br>on thereof. See<br>CFR 1.16(s). |                  |   |  |                        |    |                               |                        |
|   | MULTIPLE DEPEN   |   | _                                     |   |                  | 1 |  |                        |    |                               |                        |
| * If t  | the difference in colu   | umn 1 is less than                        | r "0" in column 2.                    |   | TOTAL            |   | ]  | TOTAL                  |    |                               |                        |
|   | APPLICATION AS AMENDED – PART II  (Column 1) (Column 2) (Column 3)   |   |                                       |   |                  |   |  | L ENTITY               | OR | OTHER THAN<br>OR SMALL ENTITY |                        |
| AMENDMENT   | 11/10/2009   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR                                     | PRESENT<br>EXTRA |   | RATE (\$)                                  | ADDITIONAL<br>FEE (\$) |    | RATE (\$)                     | ADDITIONAL<br>FEE (\$) |
| ME !  | Total (37 CFR<br>1.16(i))  | · 40                                      | Minus                                 | ·· 43   | = 0              | ] | X \$26 =                                   | 0                      | OR | x \$ =                        |                        |
| ۲   | Independent<br>(37 CFR 1,16(h))                                      | • 3                                       | Minus                                 | <del></del> 5   | = 0              | ] | X \$110 =                                  | 0                      | OR | x s =                         |                        |
| Ĭ   | Application Size Fee (37 CFR 1.16(s))                                |   |                                       |   |                  |   |  |                        |    |                               |                        |
| _   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(j))      |   |                                       |   |                  |   |  |                        | OR |                               |                        |
| Г   |  |   |                                       |   |                  | • | TOTAL<br>ADD'L<br>FEE                      | 0                      | OR | TOTAL<br>ADD'L<br>FEE         |                        |
| L   |  | (Column 1)                                |                                       | (Column 2)  | (Column 3)       |   |  | ·                      |    |                               |                        |
|   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR                                     | PRESENT<br>EXTRA |   | RATE (\$)                                  | ADDITIONAL<br>FEE (\$) |    | RATE (\$)                     | ADDITIONAL<br>FEE (\$) |
| Ľ.  | Total (37 CFR<br>1,16())   |   | Minus                                 | **  | =                | 1 | x \$ =                                     |                        | OR | x \$ =                        |                        |
| AMENDMENT   | Independent<br>(37 CFR 1.16(h))                                      |   | Minus                                 | ***   | =                | 1 | X \$ =                                     |                        | OR | x s =                         |                        |
| Ä.  | Application Size Fee (37 CFR 1.16(s))                                |   |                                       |   |                  | 1 |  |                        | ]  |                               |                        |
| AM  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))      |   |                                       |   |                  |   |  |                        | OR |                               |                        |
|   |  |   |                                       |   |                  |   | TOTAL<br>ADD'L<br>FEE                      |                        | OR | TOTAL<br>ADD'L<br>FEE         |                        |
| If the entry in column 1 is less than the ontry in column 2, write 0" in column 3.  If the "Highest Number Previously Paid For NT HIS SPACE is less than 30, enter "20".  "If the "Highest Number Previously Paid For NT HIS SPACE is less than 3, enter "3".  "If the "Highest Number Previously Paid For NT HIS SPACE is less than 3, enter "3".  KMBERLY PANNELLU  The "Highest Number Previously Paid For NT HIS SPACE is less than 3, enter "3". |  |   |                                       |   |                  |   |  |                        |    |                               |                        |

This collection of information is equated by 37 CER. 1.16. The information is required to obtain or retain a bearful by the public which his lost line face by the USFTO to monoceal an implication. Confidentially is governed by 80 Sec. 22 and 37 CEF 1.15. This collection is extensive the size of a window properties, and submitting the completed application form to the USFTO. Time well very depending upon the individual case. Any comments on the amount of time you require to complete this form and/or seggescions for reducing this burdon, should be sent to the CEM information Officer. U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandrius, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandrius, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandrius, VA 22313-1450.